


FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51205** (5)

1. Corporation Name

INDIAN PHYSICIANS OF FLORIDA, INC.



Principal Place of Business <b>300 NW 70TH AVE., SUITE 109 PLANTATION FL 33317</b>	Mailing Address <b>300 NW 70TH AVE., SUITE 109 PLANTATION FL 33317</b>
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3. Date Incorporated or Qualified <b>10/05/1992</b>	
4. FEI Number <b>65-0425100</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>11650 NW 18 CT</b> Suite, Apt. #, etc. 22 <b>Plantation</b> City & State 23 Zip 24 <b>33323</b> Country 25 <b>Broward</b>	2a. Mailing Address 26 <b>11650 NW 18 CT</b> Suite, Apt. #, etc. 27 City & State 28 <b>Plantation</b> Zip 29 <b>33317</b> Country 30 <b>Broward</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GUPTA, RAJENDRA 300 NW 70TH AVE., #109 PLANTATION FL 33317</b>	10. Name and Address of New Registered Agent 81 Name <b>RAGHAV SETH</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11650 NW 18 CT</b> 83 84 City <b>PLANTATION</b> FL 85 Zip Code <b>33323</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Raghu SETH* **5-20-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GUPTA, RAJENDRA P MD 300 NW 70TH AVE., #109 PLANTATION FL 33317</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT RAGHAV SETH 11650 NW 18 CT PLANTATION FL 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NARULA, ONKAR MD 300 NW 70TH AVE., #109 PLANTATION FL 33317</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT DEEPAK KAPILA 7050 NW 4th #201 PLANTATION 33317</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MEHTA, SAMEER MD 300 NW 70TH AVE., #109 PLANTATION FL 33317</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SEXY KARAN MUNISWAMY 550 SW 3rd # 206 POMPANO BEACH FL 33060</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JS SATIJA, ASHOK MD 300 NW 70TH AVE., #109 PLANTATION FL 33317</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>TREASURER NIGAM PARIKH 4192 N. UNIVERSITY DR. FT. LAUDERDALE FL 33351</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DANDIYA, ROHIT MD 300 NW 70TH AVE., #109 PLANTATION FL 33317</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raghu SETH* **5-20-98** **954-592-4112**

CR2E037 (10/97)